

binski's sign was elicited, and there was marked nystagmus, with slow, scanned speech.

The writer regards both these cases as a family form of disseminated sclerosis. Exaggeration of reflexes, spasmodic gait, the speech and the absence of scoliosis and choreiform movements, excluded Friedreich's disease. The first family was affected by pure hereditary spasmodic paraplegia; the affection in the second was of a different type and belonged to a hereditary type of disseminated sclerosis.

BONAR.

THERAPY.

REMARKS ON FACIAL PARALYSIS, WITH SPECIAL REFERENCE TO TREATMENT. A. Short (Birmingham Medical Review, April, 1900).

The author in his paper says he intends only to deal with the form of neuritis which occurs either in the Fallopian canal or below it, unaccompanied by any disease of the bone. He has collected forty-one cases of this form of facial paralysis, and has full records of twenty-five. Formerly it was thought that this form of paralysis was due to swelling of an inflammatory nature in the sheath of the nerve, and was ascribed to cold and referred to generally as rheumatic neuritis. Later researches, however, show that in some cases the lesion is a real parenchymatous inflammation of the nerve-structure itself, and not due to pressure alone, the inflammation extending along the nerve outside the skull and even invading the divisions on the face, as well as being present inside the bony canal. Alcohol, lead, and syphilis have all been ascribed as causes of the affection, but the last of these is the only one which seems to be probable.

The treatment is local, general, and electrical. As regards local treatment, counter-irritation behind the ear by means of a blister is of great service in an early condition of the affection, as it often relieves the pain. Should blisters from any cause be inadvisable, a stimulating liniment may be used to rub in over the mastoid process. With respect to the general treatment, iodide of potassium in five-grain doses three times daily is usually given, as in the treatment of other forms of neuritis; but in a considerable number of cases treated without it the author did not think they were any worse for the lack of it. At the end of the first fortnight strychnia should be given, and continued until the muscular contraction is almost as good as on the sound side, and then stopped. By far the most valuable treatment, however, is the electrical treatment by stimulating the muscular fibers with galvanism; in this way their nutrition is kept up until voluntary action returns. The author is of opinion that, as a rule, galvanism is not applied early enough. No doubt a few mild cases will recover without the use of galvanism, but recovery in such cases rarely takes place before three or four weeks have elapsed, and if the case happens to be a severe one the best time for applying the treatment has passed if we wait until the end of this period. Prognosis based upon the presence or absence of the reaction of degeneration is not always to be depended upon, for in one of Dr. Short's cases it was well marked on the fifth day, and the man was quite well in a month's time. The author does not think that the third day of the paralysis is any too soon for the application of galvanism, and the weakest current that will cause contraction of the muscles should be used. Faradism is not absolutely necessary, and when the nerves on account of their irritable condition, respond less readily to it than to galvanism, it should be avoided. Later on, when reaction to faradism is normal, and the voluntary action of the muscles is weak, a

combination of the two currents will be useful, and will hasten recovery. In some cases in which electrical treatment has not been applied, or if so, it has been carried out in an unsystematic manner, so that at the end of four weeks the condition has become chronic and ultimate recovery doubtful, the author has seen good results from galvanic treatment for four weeks, quite upsetting a prognosis given without a trial of the continuous current. In the chronic form of case, especially when a little voluntary power has returned, the author has seen "considerable benefit accrue from the use of a small silver hook placed in the corner of the mouth, and attached by means of an elastic loop to the ear of the same side. Every movement of the muscles of the lips and cheek alters the tension of the elastic pull of the hook."

It is the paralysis of the orbicularis of the mouth and the buccinator which constitutes the most unpleasant feature of the affection, as it impedes speech; interferes with eating, and allows the saliva to run out of the corner of the mouth. The pull of the elastic is in direct antagonism to the action of the orbicularis, so that by using this apparatus, which has been called a "face crutch," the muscular work performed by that muscle and in certain positions by the buccinator is increased. In using the hook the tension of the elastic must be arranged so that the pull on the corner of the mouth is sufficient to widen the aperture about one-quarter inch. At first the apparatus should be worn for about ten minutes, and never for more than an hour at a time. If a feeling of cramp in the cheek occurs, the hook should be taken out at once and the face rested. This artificial method of exercising the muscles should also be combined with ordinary massage.

BONAR.

THE PALLIATIVE TREATMENT OF PARALYSIS AGITANS (E. Williamson (Practitioner, April, 1900).

The author remarks quite truly that although there are no known means of curing the disease or checking its progress, yet by paying attention to some points in the general treatment, and by the use of a drug which he recommends, the distressing symptoms may be alleviated, and the patient's condition be made more comfortable.

As regards the general treatment, it will be found that mental excitement, the visits of many friends, and mental worry and anxiety increase the tremor and restlessness, and hence it is important that the patient should lead a quiet life, and be spared from mental excitement and worry as much as possible. As the tremor often diminishes markedly when reading an interesting book, or, in the case of female patients, when sewing or engaged in needlework, it is well to advise the patient to occupy his time in some similar way. The tremor may be checked for a minute or two by a mental effort, or by grasping some adjacent object, such as a chair. Some patients find that they can check it for a time by placing the hands on the sides, and in some cases the tremor can be arrested if a friend seizes the arms and holds them vertically above the head. A warm bath will also often cause a diminution of the tremor for several hours. Wine, alcoholic drinks, and strong tea and coffee cause the tremor to increase, and therefore if alcohol in any form is taken, it should be only in very small quantities and the tea and coffee must be very weak. It is important that the patient's room should be well ventilated, and not too warm, as a warm, stuffy room makes the restlessness worse. In the open air the patient usually feels better, and one of the best